PTO/SB/01 (10-01)

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DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)

Declaration Submitted with Initial Filing

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

	deri dilicoo k contains a valid Civib Collifol II	umber.
Attorney Docket Numb	per J-3567A	
First Named Inventor	Anita Wongosari	
COMPLET	TE IF KNOWN	
Application Number	10 / 712,509	
Filing Date	November 13, 2003	
Art Unit		
Examiner Name		

As the below named inventor, I he	reby declare that:						
My residence, mailing address, and o	itizenship are as stated belo	ow next to my name.					
I believe I am the original and first in	ventor of the subject matter	which is claimed and for wh	nich a patent is soug	ght on the invention entitled:			
SEMI-ENCLOSED GEL DELIVERY DEVICE							
the specification of which	(Title of the	Invention)	 -				
the specification of which							
is attached hereto							
OR							
X was filed on (MM/DD/YYYY)	11/13/2003	as United States	Application Number	or PCT International			
Application Number 10/712,507 and was amended on (MM/DD/YYYY) (if applicable).							
I hereby state that I have reviewed ar any amendment specifically referred to	nd understand the contents of above.	of the above identified spec	ification, including the	he claims, as amended by			
I acknowledge the duty to disclose info applications, material information which international filing date of the continua-	h became available between ation-in-part application.	the filing date of the prior	application and the	national or PCT			
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?			
	-	,		YES NO			
Additional foreign application nun	nbers are listed on a supple	emental priority data sheet	PTO/SB/02B attache	ed hereto:			

[Page 1 of 2]

PTO/SB/01 (10-01)

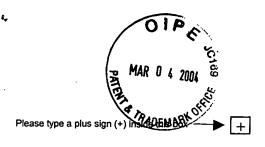
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: X Customer N or Bar Code		28165	OR _	Correspondence address below	
Name Robert A. Miller					
				-	
S.C. Johnson & Son, Inc.					
Address 1525 Howe Street, MS 077					
City Racine		State	. WI	ZIP 53403	
Country USA	Telephone 262	<u>2-260-497</u>	5	Fax 262-260-4253	
I hereby declare that all statements made herein of are believed to be true; and further that these state made are punishable by fine or imprisonment, or bo validity of the application or any patent issued thereo	ements were mad oth, under 18 U.S	de with the kn	nowledge that willful	I false statements and the like so	
NAME OF SOLE OR FIRST INVENTOR:	A petit	ion has be	en filed for this ι	unsigned inventor	
Given Name (first and middle [if any]) Anita			ly Name Irname Wongos	sari	
Inventor's Signature				Date 02/06/2004	
Residence: City San Luis Obispo	State CA	A	Country USA	Citizenship ID	
Mailing Address 111 Mustang Drive, A	Apt. #307				
_{City} San Luis Obispo	State CA	<u> </u>	_{ZIP} 93405	Country USA	
NAME OF SECOND INVENTOR:	A petitio	n has beer	n filed for this uns	signed inventor	
Given Name (first and middle [if any]) Michael C.		-	y Name		
Inventor's Signature				Date	
Residence: City Will wanter Cambridge	State XXI	i	Country XXXX [UK Citizenship *** UK	
626 Ex Kritberhik Avder Ard		Kinnaird		M Officerionik & Start or	
Mailing Address	TOD		Way		
Midling Address			T		
City Mitwantee Cambridge	State 1441	! :-	CB1 8SN	TVOY X ITV	
	State ***		ZIP 53293	Country XXXX UK	
Additional inventors are being named on the gne supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					



Please type a plus sign (+) instables + PTO/SB/02A (11-00)

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

						<u> </u>	
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])					Family Nam	ne or S	Surname
Padma Prabodh			Va	ran	nasi		
Inventor's Signature	· · · ·						Date
Residence: City Racine	Sta	ate WI		Co	ountry USA		Citizenship USA
Mailing Address 2 Cherrywood Court							
Mailing Address							
City Racine	Sta	ite WI		Zi	_{IP} 53402	ountr	y USA
Name of Additional Joint Inventor, if a	ny:] A ;	petition has been filed	for thi	s unsigned inventor
Given Name (first and middle [if any	1)			·	Family Name	e or S	urname
Inventor's Signature							Date
Residence: City	Sta	ite		Co	untry		Citizenship
Mailing Address					_		
Mailing Address							
City	Sta	ate		Z	ZIP	Cour	itry
Name of Additional Joint Inventor, if a	ny:			A pe	etition has been filed fo	or this	unsigned inventor
Given Name (first and middle [if any]))		Family Name or Surname				r Surname
Inventor's Signature	г						Date
Residence: City	State		Country			Citizenship	
Mailing Address							
Mailing Address				_		,	
City	State	•		L.	ZIP	Cor	intry

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Art Unit

DECLARATION OR UTILITY OR Attorney Docket Number J-3567A Anita Wongosari **First Named Inventor DESIGN** PATENT APPLICATION **COMPLETE IF KNOWN** (37 CFR 1.63) **Application Number** 712,509 Filing Date November 13, 2003 Declaration Declaration Submitted after Initial Submitted OR

Filing (surcharge

	with Initial	itial Filing (surcharge		7 tit 5 tit					
Į	Filing	(37 ČFR 1.16 (e))	Cupusin an Name						
		required)	Examiner Name	<u> </u>					
Γ	As the below named inventor, I hereby declare that:								
	My residence, mailing address, and	citizenship are as stated belo	ow next to my name.						
	I believe I am the original and first in	ventor of the subject matter	which is claimed and for wh	nich a patent is sou	ght on the invention entitled:				
		SEMI-ENCLOSED	GEL DELIVERY D	EVICE					
1									
	,								
	the specification of which	(Title of the	Invention)						
	is attached hereto								
	OR								
	X was filed on (MM/DD/YYYY)	11/13/2003	as United States	Application Number	or PCT International				
	l	· · · · · · · · · · · · · · · · · · ·							
	Application Number 10/712	and was amend	ed on (MM/DD/YYYY)		(if applicable).				
	I hereby state that I have reviewed a any amendment specifically referred to	nd understand the contents on above.	of the above identified spec	ification, including	the claims, as amended by				
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part									
applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f) or 365(b) of any foreign application(s) for patent, inventoric as place									
breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant									
breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.									
	Prior Foreign Application Number(s)	Country	Foreign Filing Date	Priority	Certified Copy Attached?				
	Nulliber(5)	Journal	(MM/DD/YYYY)	Not Claimed	YES NO				
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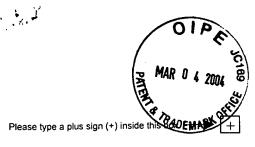
[Page 1 of 2]

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: X Customer Number or Bar Code I		3165	OR Cor	espondence address below			
Name Robert A. Miller							
S.C. Johnson & Son, Inc.				•			
Address 1525 Howe Street, MS 077							
city Racine		State WI		ZIP 53403			
Country USA	Telephone 262-26	50-4975		Fax 262-260-4253			
I hereby declare that all statements made herein of nare believed to be true; and further that these stater made are punishable by fine or imprisonment, or bot validity of the application or any patent issued thereon	nents were made w h, under 18 U.S.C.	ith the knowledc	ie that willful false	statements and the like so			
NAME OF SOLE OR FIRST INVENTOR :	A petition	has been file	d for this unsig	ned inventor			
Given Name (first and middle [if any]) Anita		Family Namor	e Wongosari				
Inventor's Signature		·		Date			
Residence: City San Luis Obispo	State CA	Cour	ntry USA	Citizenship $\overline{\mathrm{ID}}$			
Mailing Address 111 Mustang Drive, A	pt. #307						
City San Luis Obispo	State CA	ZIP	93405	Country USA			
NAME OF SECOND INVENTOR:	A petition h	as been filed	for this unsign	ed inventor			
Given Name (first and middle [if any]) Michael C.		Family Name	Liptrot				
Residence: City Cambridge	State	Cour	ntry UK	Date 23/2/04 Citizenship			
4, Kinnaird Way							
Mailing Address	<u> </u>						
city Cambridge	State	ZIP (CB1 8SN	Country UK			
X Additional inventors are being named on the one_supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							



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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>

			<u> </u>		
Name of Additional Joint Inventor, if any	/:		A petition has been filed	for this	s unsigned inventor
Given Name (first and middle [if any])	Family Name or Surname				
Padma Prabodh		Varai	nasi		
					10/11/0
Signature ladma haboth	branas			_	Date 12/11/03
Residence: City Racine	State WI	C	ountry USA	С	itizenship USA
Mailing Address 2 Cherrywood Court					
Mailing Address					
City Racine	State_WI		zip 53402 c	ountry	USA
Name of Additional Joint Inventor, if any	y:	A	petition has been filed	for this	unsigned inventor
Given Name (first and middle [if any])			Family Name	or Su	rname
Inventor's Signature					Date
Residence: City	State		Country		Citizenship
Mailing Address					
Mailing Address					
manning records					•
City	State		ZIP	Coun	itry
Name of Additional Joint Inventor, if an	ıy:	□ A	petition has been filed	or this	unsigned inventor
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature					Date
Residence: City	State		Country		Citizenship
Mailing Address					
Mailing Address				1	
City	State		ZIP	Co	untry



PTO/SB/81 (02-01)

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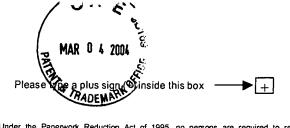
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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/712,507
Filing Date	November 13, 2003
First Named Inventor	Anita Wongosari
Title	Semi-Enclosed Gel
Group Art Unit	
Examiner Name	
Attorney Docket Number	J-3567A

I hereby appo	int:						
OR		Customer Number	28165			Place Customer Number Bar Code Label here	
X Practition	er(s) nar	med below:					
Uarh	ert W. N	Name Mulius		124		on Number	4
<u> </u>			-	24,			
	R. Schward T. R			29, 38,			-
	en J. Wi			44,			\dashv
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			ute the application is			nd to transact all	
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Address				***			
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City				State		Zip	
Country							
Telephone				Fax			
lam the:							
X Applicant	/Inventor	·,					
	_						
			rest. See 37 CFR 3. enclosed. (Form PT		06)		
- Clatomor	n unuci		encioseu. (i omi r i	0/36/	3 0).		
		SIGNATURE of	Applicant or Assigne	ee of	Record		
Name	Anita	Wongosari					
Signature							
Date 02/06/2004							
NOTE: Signatures of all forms if more than one s	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
☑ *Total of Three	<u> </u>	ms are submitted.	<u> </u>				

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/712,507
Filing Date	November 13, 2003
First Named Inventor	Anita Wongosari
Title	Semi-Enclosed Gel
Group Art Unit	
Examiner Name	
Attorney Docket Number	J-3567A

I hereby appoint:					
X Practitioners at Customer Number 28165 OR	Place Customer Number Bar Code Label here				
X Practitioner(s) named below:					
Name Herbert W. Mylius	Registration Number 24,578				
Carl R. Schwartz					
Richard T. Roche	29,437 38,599				
Steven J. Wietrzny	44,402				
as my/our attorney(s) or agent(s) to prosecute the application identified business in the United States Patent and Trademark Office connections.					
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Firm or Individual Name					
Address					
Address					
City	State Zip				
Country					
Telephone	Fax				
I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.7 Statement under 37 CFR 3.73(b) is enclosed. (Form PTC)					
SIGNATURE of Applicant or Assigne	e of Record				
Name Michael C. Liptrot					
Signature M. C. Liph					
Date 23/2/64					
NOTE: Signatures of all the inventors or assignees of record of the entire interest of forms if more than one signature is required, see below*.	or their representative(s) are required. Submit multiple				
☑ *Total of Three forms are submitted.					

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PTO/SB/81 (02-01)

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/712,507		
Filing Date	November 13, 2003		
First Named Inventor	Anita Wongosari		
Title	Semi-Enclosed Gel		
Group Art Unit			
Examiner Name			
Attorney Docket Number	J-3567A		

I hereby appoint:					
X Practitioners at C	sustomer Number 28165		Place Customer Number Bar Code Label here		
X Practitioner(s) named below:					
Name		Regis 24,578	Registration Number		
Herbert W. Mylius					
Carl R. Schwartz		29,437 38,599			
Richard T. Roche		44,402			
Steven J. Wietrzny		44,402	44,402		
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Address					
Address					
City		State	Zip		
Country					
Telephone		Fax			
lamthe:					
X Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name Padma Prabodh Varanasi					
Signature I had haballe Varanam					
Date 12 /11 / 0 3					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
Total of Threeforms are submitted.					